

AO 110 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Southern

District of

New York

Juan Chavez, Plaintiff

V.

United States, Defendant

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

07 CIV 7985

TO: (Name and address of Defendant)

United States
c/o U.S. Attorney - Southern District of N.Y.
One St. Andrews Place
New York, NY 10007

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Robert E. Ashkin
580 Broadway, Ste. 1101 *906*
New York, NY 10012

an answer to the complaint which is served on you with this summons, within _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

J. MICHAEL McMAHON

CLERK

[Signature]

(By) DEPUTY CLERK

SEP 12 2007

DATE

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RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE September 26, 2007
NAME OF SERVER (PRINT) Michele Wood	TITLE Secretary

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served:
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:
- ☐ Returned unexecuted:
- ☒ Other (specify): REGISTERED MAIL

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL \$0.00
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 11-16-07
Date

Michele Wood
Signature of Server

401 S. Old Woodward, Ste. 450
Birmingham, MI 48009

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Interstate</i> <i>c/o U.S. Attorney</i> <i>Southern Dist of New York</i> <i>c/o St. Andrews Place</i> <i>New York, NY 10007</i>		B. Received by (Printed Name)	C. Date of Delivery <i>11/16/07</i>
2. Article Number (Transfer from service label) <i>RA 681 176 341 JS</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540